

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-99000038029

1. Entity Name **MIAMI INTERNATIONAL, CORP**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90036 020 \*\*\*158.75

659569

Principal Place of Business  
**1391 WEST 30TH ST #30**  
**HAIALEAH, FL 33012**

Mailing Address  
**SAME**

2. Principal Place of Business  
**1391 WEST 30TH ST**  
Suite, Apt. #, etc.  
**#30**  
City & State  
**HAIALEAH, FL**  
Zip  
**33012** Country  
**DADE**

3. Mailing Address  
**1391 WEST 30TH ST**  
Suite, Apt. #, etc.  
**#30**  
City & State  
**HAIALEAH, FL**  
Zip  
**33012** Country  
**DADE**

4. FEI Number  
**65-0926064**

Applied For	
Not Applicable	

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**MARCO T. ZELAYA**  
**1391 WEST 30TH STREET #30**  
**HAIALEAH, FL 33012**

## 7. Name and Address of New Registered Agent

Name  
**MARCO T. ZELAYA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1391 WEST 30TH STREET #30**  
City  
**HAIALEAH, FL** FL Zip Code  
**33012**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **MARCO T. ZELAYA**

Signature, typed or printed name of registered agent and title if applicable.

**REG. AGENT**

(NOTE: Registered Agent signature required when registering.)

**04/26/00**  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE <b>P/S/T/NP/D</b>	<input type="checkbox"/> Delete
NAME <b>MARCO T. ZELAYA</b>	
STREET ADDRESS <b>1391 WEST 30TH STREET #30</b>	
CITY-ST-ZIP <b>HAIALEAH, FL 33012</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **MARCO T. ZELAYA** DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 25 2000 (305)-828-9440**

Date

Daytime Phone #

CR25034 (9/00)